



Ebrahim, S., & Davey Smith, G. (2016). Don't ignore the Cochrane reviews on statins. *BMJ*, 355, [i5454].
<https://doi.org/10.1136/bmj.i5454>

Peer reviewed version

Link to published version (if available):
[10.1136/bmj.i5454](https://doi.org/10.1136/bmj.i5454)

[Link to publication record in Explore Bristol Research](#)
PDF-document

This is the author accepted manuscript (AAM). The final published version (version of record) is available online via BMJ at <http://www.bmj.com/content/355/bmj.i5454>. Please refer to any applicable terms of use of the publisher.

University of Bristol - Explore Bristol Research

General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available:
<http://www.bristol.ac.uk/red/research-policy/pure/user-guides/ebr-terms/>

Final submitted version of letter to BMJ
Statins for primary prevention of cardiovascular disease

In 1992 one of us called for a moratorium on the use of cholesterol lowering drugs in primary prevention published in the *BMJ*.¹ At this time large statin trials had not been completed. When the trials appeared it was clear that there were benefits at lower thresholds of coronary heart disease risk than was the case for earlier treatments. In 2011 our Cochrane Review on statins for primary prevention of cardiovascular disease concluded that statins should be used with caution for people at low cardiovascular risk.² By 2013, with evidence from new trials and a re-analysis of the individual patient data from the Cholesterol Treatment Trialists 2012 report, our updated Cochrane review concluded that the evidence now supported use of statins for primary prevention in people at low risk of cardiovascular disease.³

John Maynard Keynes (may have) said “When my information changes, I alter my conclusions. What do you do, sir?” A major strength of Cochrane reviews is updating in light of new evidence. Fiona Godlee has called for the Chief Medical Officer (CMO) to initiate an independent inquiry into statins that would need to be international, authoritative, independent of conflicts of interest, transparent and patient centred.⁴ Cochrane reviews on statins would appear to meet Godlee’s requirements but, curiously, are ignored. The CMO, who supports the Cochrane Collaboration, will not overlook the value of using the resources she invests in to make decisions on health policy. Is it not time for Godlee to change her mind?

Shah Ebrahim, London School of Hygiene & Tropical Medicine

&

George Davey Smith, MRC Integrative Epidemiology Unit, University of Bristol

1. Davey Smith G, Pekkanen J. Should there be a moratorium on the use of cholesterol lowering drugs? *BMJ* 1992;304:431-4
2. Taylor F, Ward K, Moore THM, Burke M, Davey Smith G, Casas J-P, Ebrahim S. Statins for the primary prevention of cardiovascular disease. *Cochrane Database of Systematic Reviews* 2011 , Issue 1 . Art. No.: CD004816. DOI: 10.1002/14651858.CD004816.pub4
3. Taylor F, Huffman MD, Macedo AF, Moore THM, Burke M, Davey Smith G, Ward K, Ebrahim S. Statins for the primary prevention of cardiovascular disease. *Cochrane Database Syst Rev*. 2013 Jan 31;(1):CD004816. doi: 10.1002/14651858.CD004816.pub5.
4. Hawkes N. BMJ editor asks chief medical officer to set up inquiry into statins risks and benefits. *BMJ* 2016;354:i5046.